THE

MEDICAL AND SURGICAL REPORTER.

No. 573.] PHILADELPHIA, FEB. 22, 1868. [Vol. XVIII.—No. 8.

Original Department.

Lectures.

A LECTURE ON ERYSIPELAS.

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The disease which we contemplate this morning is Erysipelas. It is a common disorder, prevailing sporadically and epidemically, and occurs at all periods of life. Its essential feature is an inflammation of the skin depending upon blood poisoning, and is characterized by a deep red color of the part affected, which is painful, hot, and somewhat swollen. All parts of the body may be attacked by it, but it occurs more frequently upon the face and limbs: it may, though very rarely, occupy the whole cutaneous surface. I have never met with general cutaneous erysipelas, only in the infants of women who have perished with malignant puerperal fever. In this case it always proves fatal. Commencing upon the scrotum or umbilical region, it rapidly spreads over the entire body, proving fatal in a very few hours.

Systematic medical writers have described three forms of this disorder:

1st. Erysipelas simplex.

2d. Erysipelas phlegmonodes.

3d. Erysipelas maligna.

We will notice,

I. The Local and General Phenomena of Erysipelas Simplex.

This form of the disease is the most common, and is readily distinguished by a vivid blush or redness of the skin, disappearing momentarily on pressure, having a sharp, well defined border, slightly elevated, while in a few cases the redness fades into the surrounding healthy tissues.

In most instances, the inflammation is very liable to spread over a large extent of surface, producing a slight elevation of the cuticle, on account of the congestion of the capillaries of the mucous coat. In some cases the swelling is augmented, especially if the vascular coat be highly inflamed, and depends more upon an effusion of serum beneath the skin than upon its thickened condition. Sometimes the skin is smooth, very red, and shining, while in other cases the whole inflamed surface is covered with a crop of vesicles of considerable size, which soon burst and discharge their serous accumulations.

The redness and swelling continue three or four days on the part where they first appear, then speedily decline, but the disease may have advanced to some other part, and particularly is this the case if the head and face be implicated, which pass through the same stages of increment and decline. But in this form of the disorder, it is the acute character of the inflammation, the seat and extent of the surface involved, and its metastatic disposition, which contribute to its intensity and importance. The pain accompanying this form of the disease is usually mild, but has a smarting or scalding character.

The constitutional symptoms of this form of the disease are mild or severe, according to the extent of the local lesion. Hence in very mild cases, the constitutional derangement, such as chills, headache, pain in the back and extremities, will not be severe. While in others of a more aggravated type, they will be more marked, and attended by a frequent pulse and sore-throat.

Simple erysipelas always terminates in resolution about the tenth day, when desquamation of the cuticle commences, leaving the skin for some days afterward hypertrophied and discolored.

II. Phenomena of Erysipelas Phlegmonodes.

In this form of erysipelas there is not only inflammation of the cutaneous surface, but also of the subcutaneous areolar tissue, and, consequently, both the local and constitutional symptoms are more severe and of longer duration. The invasion is the same as in the simple form of the disease; but there is always more bilious derangement, nausea, vomiting, headache, and sometimes slight delirium, with high fever of a persistent character, and occasionally the patient is stupid or perfectly comatose.

Erysipelas phlegmonodes commonly attacks the body and limbs. It is upon these parts, especially the lower extremities, that it exhibits its most characteristic features. The skin is usually of a dusky or purple color, and the finger leaves a pale depression, which sluggishly disappears when the pressure is removed. The swelling is sometimes considerable, and has a distinct, smooth, and elastic feel. The patient experiences a burning heat and a disagreeable pricking in the parts, rather than any acute pain; sometimes he complains of a very troublesome itching. The surface of the parts affected is, in the first stage, shining, and appears to the eye semi-transparent; but without hardness, tension, or any sensation of throbbing.

On the fourth or fifth day after the commencement of the swelling, there is an eruption of vesicles upon the diseased surface, filled with serum. They commonly burst or subside on the sixth or seventh day; the fluid is discharged, not unfrequently excoriating the neighboring parts. If the disease does not now pass on to suppuration, the fever begins to abate, the vesications dry up, and at the end of nine or twelve days, the cuticle peels off, and the scabs situated in places which were occupied by the vesications fall off, and the part is restored to its normal condition.

But erysipelas phlegmonodes does not commonly terminate thus happily. Its general tendency is to suppuration, especially when it occurs in the limbs. In this case the serum is effused through the areolar cutaneous tissues, pus is soon formed, and infiltrates the parts without any distinct boundary. Then, again, it is occasionally effused in circumscribed patches, forming distinct abscesses, which contain large sloughs of areolar tissue, pus, and waxy[?] serum. The cutaneous structure over a large abscess of this kind, being deprived of its vascular supply, becomes livid and loses its vitality, when large ulcers are formed. Indeed, in some instances of this form of the disease, the suppurating and sloughing process is so great that the entire areolo cutaneous structure of one or both limbs have been destroyed by it. When such lesions occur, the vital powers soon give way, and the patient falls a victim to the disease.

III. Phenomena of Erysipelas Maligna.

This is one of the most appalling diseases that the physician can encounter. When it prevails epidemically, no malady can surpass it in mortality. When it attacks an individual, it is always suddenly, and his sufferings are intense. At first the fever may be violent, but it soon assumes a typhoid character; the countenance of the patient is wild and haggard, the tongue dry and brown, the teeth covered with dark sordes, the pulse very frequent and threadlike, great restlessness, subsultus tendinum, diarrhœa, and in fatal cases copious perspiration, jaundice, and coma.

In some cases of malignant erysipelas, the skin, although greatly distended with vast effusions in the cellular tissue, or extensive suppuration which takes place in the deep structures, is often very little diseased. The intense pain and suffering of the patient in a measure subside after suppuration has taken place; and the system soon manifests symptoms of great prostration. This form of the disease never terminates in resolution. The parts attacked by it are always killed, and if the patient recovers, must be cast off by the process of sloughing. This is a tedious process, and where the inflammation has extended over a large surface, and penetrated to deep structures, as it sometimes does in the limbs, it leaves an unsightly scar, and not unfrequently seriously injures the use of the limb by the destruction of the connecting cellular tissue, and the agglutination of its muscles and tendons.

There is another form of erysipelas that is known by the name of TRAUMATIC. It has its origin in some local injury. The local phenomena very much resemble the phlegmonous form of the disease, presenting, however, more effusion into the areolo-cutaneous tissue. The inflammation is also more diffused, spreading rapidly from the wound, and rarely becoming circumscribed. The parts affected, too, are more apt to become gangrenous, a not uncommon result in individuals of feeble vital powers. How nearly allied hospital gangrene is to this form of erysipelas, I will not pretend to say. Some practitioners suppose that they are identical.

IV. The Nature of Erysipelas.

The essential nature of this disease has never been clearly defined by medical writers. It was supposed for a long time to depend entirely upon the local inflammation in the parts affected. But recent investigation has proved that it is something more than a local disease—a constitutional malady, depending upon a specific morbid agent taken into the blood, being analogous to the poison that produces measles and scarlatina. The positive nature of this poison is not known, but it is supposed to be specific, because it always manifests itself by the same phenomena, whether prevailing sporadically or epidemically. Another circumstance, pointing to its specific character, is found in the fact that it can be communicated from one person to another, providing the individual attending on the patient has some abrasion of the cuticle, or some opening by which the poisonous matter may be introduced into the system.

Some pathologists, however, deny any specific poison in the case. They maintain that the disease is the result of a species of fungi of the cryptogramic order, which by some means yet unaccounted for, is deposited in the tissues of the skin, and there produces all the local and general phenomena of the malady. Reasoning from analogy, there is at least a rational probability that this view of the origin of the disorder may be something more than a mere conjecture. In the human system, in some of the inferior creatures, and even in vegetables, fungi of the cryptogramic order have frequently been found to be the immediate cause of their destruction.

This has been abundantly proved by the recent developments of the microscope. Take for example, those white patches on the lining membrane of the mouth of children which are known as *thrush*. This disease is sometimes very inflammatory in its character, producing phenomena of a local kind that resemble erysipelas, particularly when large vesicles are formed. These patches are produced by the sporules of a fungi, which, when they have attained their full growth, form microscopic objects of surpassing beauty.

The silk-worm blight, which has proved so destructive in Italy and France during the past few years, has been found to consist in the growth of a vegetable fungus in the interior of their bodies. The vine fungi, the potatoe and corn fungi, and all the various vegetable as well as animal parasites, may all be regarded as examples, indeed the connecting link in the chain of causes which may lead to a great and vast variety of morbid actions in the human system. But our knowledge is yet too imperfect of those minute creatures that inhabit the air we breathe, the food we eat, and the water we drink, to say, with any degree of certainty, what influence they may have in producing the disease now under consideration. Time and patient investigation will develope the truth.

In studying the nature of erysipelas, we should remember that it is not exclusively a skin disease; it is liable to attack nearly every solid tissue of the body. Indeed, we have often seen cases where we had reason to believe that the affection had been communicated from the skin to the mucous membrane of the mouth, the throat, and thus to the stomach or larynx, and *vice versa*. It is also maintained by some, that erysipelas may attack primarily the serous sacs of the body, such as the pleura, pericardium, and peritoneum, and there execute its fearful mutations without ever manifesting itself in the dermal structures. And this leads me, just here, to introduce one of the most interesting subjects in the whole range of medical science:

V. The Identity and Communicability of Erysipelas and Puerperal Fever.

Their general phenomena and local lesions are so similar in character, that I cannot see how any careful investigator can fail to discover their identity. That they are both produced by the same organic poison, I most firmly believe. I know this view of the nature of these two diseases is most stoutly denied by some of our best medical authorities. But their objections, so far as I can understand them, are based more upon theoretical than practical grounds. Indeed, speculation has run wild upon the subject, and the most fanciful theories have been adopted, to the exclusion of positive facts and their legitimate deductions. Thus thousands of lives have been sacrificed to the erroneous modes of practice that have been based upon them.

That erysipelas and puerperal fever are similar in nature, seems evident from the following facts:

1st. They frequently prevail in the same locality simultaneously.

2d. They may be communicated from one individual to another.

3d. They will reproduce each other.

From observation we know that these diseases may prevail as concomitant epidemics, beginning at the same time, or nearly so, keeping pace with each other, and terminating simultaneously. We also know that a physician attending upon a case of erysipelas requiring surgical treatment, and at the same time engaged in obstetrical practice, may communicate puerperal fever to his parturient patients, and the puerperal patient may communicate erysipelas to her medical attendant or nurse.

We might cite a vast number of cases to substantiate the propositions that we have assumed. But they are now becoming too generally acknowledged by the profession to render this necessary. We, however, occasionally meet with a practitioner whom it is exceedingly difficult to convince, that there is any identity or communicability between them. I am acquainted with one physician who ruined a splendid practice by continuing his vocation as an accoucheur, after his person had become infected with the germ of this poison. Twelve women and their infants fell victims to his obstinacy and reckless disregard of the advice of several eminent members of the profession. The starting point of his misfortune was a case of malignant erysipelas. The infection derived from that patient was the means of producing puerperal fever in all the women whom he attended in labor, and general cutaneous erysipelas in their infants. This was evident from the fact that not a case occurred in the place after he ceased to attend parturient patients, and not a single case occurred in the practice of other accoucheurs who attended patients in the same vicinity, and even in the same house.

But some of you may be ready to ask, Why it is that a woman exposed to the poison of erysipelas, will not become infected by it until parturition takes place? The answer to this question may be stated thus: The immediate cause of the malady being a morbid poison introduced into the blood, there are some states or conditions of the circulatory fluid more susceptible of spreading the poison than others. During the process of parturition, blood is lost from the system, strong muscular action is brought in play, accompanied of course with the breaking down and disintegration of the materials of the muscular structures, the uterus is wearing itself out, and its dead tissues are thrown into the blood, and there become the nidus for the development of the poison, which may be lying dormant in the system for some time previously to the inception of the disease. Then there is also a greediness of absorption about her tissues; the epithelium having been removed from the mucous membrane of the vagina, the surrounding parts being relaxed, allowing the poison to exert an influence greater than under other circumstances.

Before concluding my remarks under this head, I would add, that for several years, I have been strongly impressed with the conviction that the morbific poison which produces erysipelas and puerperal fever, is the same agent that causes those distressing and fatal consequences, which sometimes follow dissecting wounds. Some have supposed that all these

disorders were produced by pyæmia; but I am very loth to believe, that the simple introduction of healthy pus into the blood, will cause such distressing effects; for it has been clearly shown by the experiments of Professor Dalton of New York, and H. Lee of London, that pure pus may be injected into the veins of animals, without producing any injurious effects. Before it can do any damage, there must be a morbid element added to it. Hence writers on pathology speak of *physiological pus* and *pathological pus*. Physiological pus they say, possesses a species of vitality like blood while pathological pus is a dead excrementitious product, susceptible in the highest degree of undergoing putrefaction It is the mixing of the latter with the blood, that produces the phenomena we call pyæmia; a term that should be banished from our pathological nomenclature. The term PYO SEPT-AEMIA would be more in keeping with the nature of the malady.

VI. The Diagnosis and Prognosis of Erysipelas.

The diagnosis of this disease is by no means difficult. There are, however, several diseases with which it may be confounded; such as erythema, phlebitis, some of the eruptive fevers, and synovitis. From erythema it may be distinguished by the attendant constitutional symptoms, the smoothness of the tumefied surface, the great degree of swelling, and the burning pain and tension. It differs from phlebitis in the absence of the cord-like feel which the inflamed vein presents, and in the inflammation not spreading in a line over the track of the large vessels. From the eruptive fevers, it is distinguished by the uniform redness which the inflamed surface exhibits, and the absence of the characteristic rash of any of those specific disorders. It differs from synovitis in the inflammation not being confined to, or taking its origin from the integuments covering the synovial membrane. In synovitis the joint cannot be moved without inflicting the most intense pain; in erysipelas this is not the case, unless the joint subsequently becomes involved in the disease, which is not common. And I should not here neglect to state that it is maintained by some medical writers, that a simple inflammation of the synovial membrane caused by injury, may terminate in erysipelas. This I regard about as possible as small-pox terminating in scarlatina. A simple synovitis can never terminate in erysipelas, unless the blood has been previously poisoned by the morbid agent that produces it. If the blood is in a right or normal state, there can never be such a disorder as traumatic erysipelas. Let the blood once be infected with this poison, and observation teaches us that the slightest injuries will take on erysipelatous action, and produce the most fatal consequences. We have seen fearful exhibitions of this in the wards of large hospitals, where the ravages of the disease have been so great among the surgical patients, that they have been closed in consequence.

The PROGNOSIS of simple erysipelas is always favorable. Its general duration is about ten or twelve days. In the second form of the disease, our prognosis should always be guarded. If the patient is old and intemperate; if the disease is situated on the head or throat, and there is coma and dyspnoea, and the disease has terminated in extensive suppuration, and no abatement in the more pressing symptoms by the seventh day, the disease will, without doubt, prove fatal. I have seen patients succumb to erysipelas where the external disease was very limited and mild in its character. I remember one case in particular that occurred in my practice several years ago. The patient was a young woman, aged 18. She had been ill for five days with a mild form of the disease, confined to the head and face. Her symptoms all appeared hopeful, and I promised a speedy convalescence. On the evening of that day, she was suddenly seized with a severe pain in the cardiac region; this was attended with alarming dyspnœa, irregular pulse, tumultuous action of the heart, attended with loud blowing sounds, hiccough, and cold extremities. In twenty-four hours she was dead. Although post-mortem was not allowed, it was quite evident the disease had been communicated to the endro-cardium, and perhaps the pericardium. When such an extension of the inflammatory action occurs, the disease always

proves fatal. So also when it attacks the mucous membrane of the larynx; I have read of instances of recovery, but never saw one. The malignant form of erysipelas is, as we have already remarked, one of the most fatal diseases that ever attacks the human body. It is true, patients do not always die with it, yet it is so mortal that our prognosis is always unfavorable.

The CAUSES which favor an attack of erysipelas are numerous, but for brevity they may all be classed under three heads:

1st. Intemperance in eating and drinking, the excessive use of tobacco, either in smoking or chewing; confinement in foul air, sexual excesses and such other habits as rapidly exhaust the nervous system.

2d. The disease may be endemical, that is, may be produced by certain states of the atmosphere at large, affecting several people in the same district simultaneously.

3d. It may be propagated by contagion, or as already stated by infection; by means of emanations from patients affected with it. We do not, however, regard it as contagious as small pox or measles; but to a limited extent the malignant form of the disease may be communicated from one individual to another; and not unfrequently the physician, in this way, become a medium of disease and death to his confiding patients.

VII. The Medical Management of Simple Erysipelas.

The indications for medical treatment of every form of this disease are constitutional and local. You need not trouble yourself very much about local measures, for your experience will soon teach you that these are of secondary importance. Direct your therapeutical skill chiefly to all the great eliminating organs of the body; the liver, bowels, kidneys, and skin, should be aroused to increased activity, that all morbid materials may be speedily expelled from the system.

In the simple form of the disease, where these organs are torpid, especially when the skin is hot and dry, the urine scanty, and bowels costive, nothing will so thoroughly arouse them to activity as an emetic of tartarized antimony and ipecac., administered according to the folloiwng formula:

℞. Antimonii et potassæ tartras, gr. vii.
Ext. ipecacuanhæ, fluid., f.℥i. M.
Sig. A teaspoonful every thirty minutes until vomiting is produced.

If the emetic should fail to move the bowels, a wine glass full of the following may be given every three hours until the end is accomplished.

℞. Magnesiæ sulphas,
Sodæ sulphas, āā ℥j.
Aqua menth. pip., f.℥vii. M.

If the fever should still prove persistent, nitre, liquor ammoniæ acetatis, and tincture of digitalis, should be administered liberally, until free diaphoresis is induced. After this, if the eliminating organs are all in good working order, a restorative hæmatic should be prescribed. None appears to answer a better purpose than the muriated tincture of iron; indeed, it has received the universal sanction of the profession, as the principal remedy in this disease. Twenty or thirty drops may be given, in a wine glassful of cold water, every three or four hours.

The best local application for all mild cases of erysipelas, is the following:

℞. Bismuthi subnitras, ℥iij.
Glycerina, f.℥ij. M.
Sig. Apply to the parts affected every three hours by means of a brush.

In more aggravated cases, when the heat is great and the pain severe, I have for years been in the habit of using a solution of the muriate of ammonia thus:

℞ Ammoniæ hydrochloras, ℥j.
Aquæ font., Oij. M.

Thin cloths kept constantly saturated with this applied to the affected part, and frequently changed, has a very soothing effect. It relieves the burning pain, and prevents the extension of the disease. In the other forms of erysipelas it is not so useful as some other agents that will presently be named.

VIII. The Medical Management of Erysipelas Phlegmonodes.

In this form of erysipelas there is not only inflammation of the cutaneous surface, but also of the subcutaneous areolar tissue, and as a consequence, both the local and constitutional symptoms are more severe—hence the treatment must be more prompt and energetic.

The plan which we have commonly pursued in managing erysipelas phlegmonodes, is illustrated in the following case:

Mrs. ——, a stout healthy person, of the nervo-sanguinous temperament, aged 30. At the time of my first visit, she had a high fever, severe headache, tongue thickly coated, costive bowels, nausea, urine scanty and high colored; pain in the back and extremities; pulse full, frequent and strong. She complained of pain in the right ear, which was very much swollen, as well as the entire side of the face, head, and neck. The parts were of a deep dusky purple color, and the swelling tense and hard, accompanied with a severe burning pain. The mucous membrane of the throat was red and highly injected; she complained of its being very sore, and was constantly annoyed with the expectoration of glairy mucus. Is very thirsty and has slept none for the last thirty-six hours. Her disease was attributed to a long ride in an open buggy, against an intensely cold north wind three days before.

The diagnosis was erysipelas, and the treatment determined upon was antiphlogistic. The patient was therefore bled to the amount of sixteen ounces, and one of the following powders was ordered every four hours, and the inflamed parts were painted with the tincture of iodine:

℞. Hydrargyri chloridi mitis, gr. xii.
Pulv. ipecacuanhæ, gr. vi.
Potassæ nitras, ℥j. M.
Ft. in chart. No. vi.

The next day I found my patient much better. Her bowels had been freely moved; pulse soft and not so frequent; skin not so hot and dry; the swelling on the face not so tense and hard; urine is still high colored and scanty; has slept some during the morning; still complains of pain in the head and neck. Continued the iodine painting, and ordered one of the following every three hours:

℞. Hydrargyi chloridi mitis, gr. vi.
Pulvis antimonialis, gr. xii.
Pulvis ipecacuanhæ comp., gr. xxv. M.
Ft. in chart. No. xii.

This treatment was continued for thirty-six hours, when the inflammation appeared to be arrested, and the following was prescribed:

℞. Potassæ chloras, ℥ss.
Tinct. ferri chloridi, f.℥ss.
Aquæ font., f.℥viij. M.
Sig. A tablespoonful every six hours.

This prescription was continued for five days, when the patient was convalescent.

It is only in the early stage of erysipelas phlegmonodes that antiphlogistic measures are demanded. Blood-letting is an extreme measure, and should be employed with caution. I have occasionally treated cases of this form of the disease without it; but in strong and healthy subjects, it may be employed with great advantage. The chief end to be attained in the treatment of areolo-cutaneous erysipelas, is to prevent suppuration. And this can only be accomplished by the prompt use of antiphlogistics in the first stage of the disease. It is of no use for J. Hughes Bennet and all the medical heretics in the world, to tell me that inflammation cannot be arrested in its first stage, (congestion), by the timely and judicious use of antiphlogistics; such as bleeding, calomel, antimony, and nitre. They may just as well tell me that quinia will not cure ague—to reject which would be to deny the evidence of my own senses, and the united testimony of medical men the world over. Indeed, I have no sympathy or patience with those practitioners who boast that they have thrown away their lancets. They only display their ignorance or prejudice against one of the most valuable instrumentalities, that the Almighty has ever ordained for the cure of acute inflammation.

IX. The Medical Management of Erysipelas Maligna.

Various plans of treatment have been proposed for the cure of this form of the malady, but none of them have proved very satisfactory. Most practitioners advocate the supporting plan. They administer internally, iron, quinia, ammonia, camphor, oil of valerian, turpentine, and alcoholic stimulants in large doses, and use externally permanganate of potash, bromine, charcoal, and chlorine.

In a few cases of this disease, which have manifested a somewhat malignant or septical type, I have recently used the hyposulphite of soda with the most gratifying results. In one case in particular, I was quite surprised at its

effects. The patient was a man aged 40, nervo sanguinous temperament, and very intemperate in the use of alcoholic stimulants. The disease had attacked both hands and arms, extending almost to the shoulders. I was called to see him on the fourth day of his illness. At the time of my visit he was quite delirious, pulse 110 per minute; respiration hurried; skin hot and dry; bowels relaxed; urine scanty and high colored; tongue thickly coated; throat dark red, and tonsils very much swollen. The hands and arms were enormously swollen, tense and hard. On both arms there were several large vesications, with a few patches which assumed a decided gangrenous character.

The patient was ordered three grains of quinia every four hours, and a teaspoonful of the following every two hours:

R.	Sodæ hyposulphite,	℥j.
	Ext. glycyrrhiza,	gr. xvj.
	Aquæ font.,	f.℥iij. M.

As a local application, an ounce of the hyposulphite of soda was dissolved in a quart of water, and applied to the affected part by means of lint, over which oil-silk was covered to prevent evaporation. Beef essence was allowed ad libitum, and free ventilation was strictly enjoined.

At the expiration of twenty-four hours, there was a marked improvement in all his symptoms. The quinia and hyposulphite were continued at longer intervals, and in ten days from the commencement of my attendance, the patient was convalescent.

The hyposulphite of soda is a most efficient antiseptic, and is destined to occupy a high place on our list of therapeutics for all diseases originating in organic blood poisoning. In pyoseptæmia it stands without a rival. This has been fully demonstrated by the trials that have been made with it in the Charity Hospital of this city, by Prof. W. J. Scott. We have not space to report any of the Professor's cases, as they were presented to the members of the Cleveland Academy of Medicine. They were, however, of a highly interesting character, inspiring us with a reasonable hope that we have at last discovered a more efficient agent with which to combat this most fatal malady.

Communications.

By Geo. H. Napheys, M. D.,
Of Philadelphia.

SECONDARY HEMORRHAGE ON THE ELEVENTH DAY AFTER PARTURITION.

Mrs. F., æt. 35, a German woman of relaxed habit, the mother of six children, was taken in labor on the 29th of December last, the second time within fifteen months. A midwife was in attendance. The labor was a natural one and of short duration. She remained in bed for nine days after delivery. On the tenth day she sat up for about two hours, and on the following day, the eleventh after parturition, she was up from noon until four o'clock in the afternoon, when she was greatly alarmed by the sudden occurrence of a profuse hemorrhage. A large extent of the carpet and a number of cloths were saturated with blood, and several large coagula were passed.

When I arrived, I found her in bed, and the hemorrhage still continuing. A vaginal examination revealed a patulous and flaccid condition of the os, which was sufficiently dilated to admit of the ready entrance of three fingers. A teaspoonful of fluid extract of ergot was administered and repeated in half an hour, and at intervals during the night. Cold water injections were thrown up the bowel. Under the influence of this treatment and recumbency, nearly all oozing had ceased the next morning, and the mouth of the womb was more contracted and firm. The cold water enemata were continued, strict recumbency enjoined, and tincture of nux vomica ordered. There was no return of the hemorrhage, and a digital examination on the fifth day after its appearance showed the os uteri to be firmly closed.

This occurrence of secondary hemorrhage on the eleventh day after parturition was, judging from the condition of the uterine neck, due to a want of tone, as there was no evidence of there being any retention of a portion of the placenta or membranes.

Bedford states that secondary hemorrhage

may occur at any time after childbirth, from two hours to two or three weeks, and that it is caused either by a retention of a part of the membranes or placenta, or of a coagulum of blood; by a partial inertia of the uterus; or in plethoric women, by congestion of that organ Cazeaux assigns to it the same causation. Neither Ramsbotham nor Montgomery refers to it. Mad Boivin and Mad. La Chapelle record cases of bleeding coming on eight and ten days after delivery, in consequence of the presence of coagula in the uterus.

A point of some interest in this case is the fact that no bandage was applied after the labor. It is certainly a question whether a properly made and well adjusted bandage would not have induced tonic uterine contraction, and thus averted the hemorrhage. Probably some of the readers of the Medical and Surgical Reporter can furnish other instances of secondary hemorrhage following the non-application of a bandage as a *post vel propter hoc.*

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Dec. 4th, 1867.

Dr. Alfred C. Post, *President, in the Chair.*

On Blood-letting.

Dr. Post, by previous arrangement, opened the discussion upon the subject of blood-letting. After attending to the antiquity of the practice—it having been in vogue among the Egyptians, Assyrians, and other nations, and resorted to by Polydorus soon after the siege of Troy, endorsed by Hippocrates, and its rank as a remedial agent all through the period of Roman civilization,—he remarked as follows:

Notwithstanding its loss of reputation, partly caused by the abuse of its power, he contended that venesection was a remedy of great value, and in many cases it was indispensable; in other words, that it shortened the period of disease, and increased the prospect of cure.

Its effect upon the circulation was well marked, as evidenced by a decrease in the frequency of the pulse, a lowering of the animal heat, and a diminution in the volume of the artery. To use a conventional phrase, "the pulse rises," it becomes fuller, and the patient very often feels immediate relief. The effect of opening a vein is beautifully illustrated in peritoneal inflammation, for here the pulse being "*small*," an increase in force is more readily detected.

In acute inflammation, and in active determination of blood to important organs, the blood-letting plan of treatment was of substantial value. It relieved local pain. Among the other effects, the Doctor alluded to free and copious perspiration, a tendency to syncope, nausea, emesis, and sometimes convulsions.

It may be judiciously employed from infancy to old age, although in the first mentioned stage of life, its application, perhaps for no very cogent reasons, was limited to the use of leeches. In advanced age great caution is required, but for the benefit of the over-timid, he cited two recorded cases. One that of a man aged eighty-seven, bled twice in one day; another aged eighty, bled nine times for pneumonia. These in proof that even under this adverse condition, it was not so destructive to life after all.

The case of the late Dr. Cheesman, (who died in 1862, aged seventy-five years,) as related by Dr. Alonzo Clark, was also to be remembered in this connection, since he was evidently benefited by a copious bleeding.

Dr. Post then related several cases to fortify his position, one or two of which are here given.

A woman æt. 40, small and slender, with a pulse of inconsiderable force, but not remarkably compressible, being seized with a severe cephalalgia, ref rable to the frontal region, sent for him. He administered the usual remedies, revulsives, cathartics, etc., but without effect. The patient then suggested bleeding, which Dr. P. had not before entertained, owing to its apparent contra indication. Her solicitation was backed by the assurance that previous bleedings in similar attacks had always afforded relief. The loss of something over a pint of blood from her arm verified her statement. He was subsequently called at long intervals, and bled the patient each time with the same result. After several years also, he was summoned at night to her bedside; she was in a state of stupor, had a wild look, was unable to speak, but significantly pointed to her elbow. A full bleeding brought relief, and since then she has enjoyed comparative immunity from attack.

Case 2. A young clergyman, in the course of a platform speech, reeled and fell. Having a flushed face, full pulse, and great confusion of mind, he was bled, with marked and complete relief.

Dr. Post, in concluding his remarks, cited the case of strangulated hernia at the New York Hospital, upon which he had called the usual consultation of his colleagues, preliminary to an operation. In the interim, however, he directed the hard, tender, and tense tumor to be covered with leeches, when spontaneous reduction took place. He also referred to the benefits of the local abstraction of blood by leeches in the case of pneumonia in the very young subject, and in pneumonia generally, when no depressing influence is at work.

Dr. Anderson referred to the change in professional opinion regarding this matter, which would be more obvious by contrasting a period twenty-five years ago with the present time. He remembered having read the work of Dr. Armstrong on fevers, in which venesection was much praised, and it had occurred to him that following up the bleeding, with anodynes, would be eminently philosophical. While of this way of thinking, a gentleman, "a full and hearty liver," sent for him. The patient had great respiratory oppression, but no pneumonia; bleeding at once relieved him. In the case of Dr. Cheesman it would be proper to note, that more blood was lost than was originally intended, since the slipping of the bandage allowed the bed to become quite well ensanguined before the discovery was made.

Remarks were made by Drs. Woodhull, Foster, and Garrish.

Dr. Van Buren said, at the beginning of his professional career it was thought impossible to initiate the treatment of pleurisy without a resort to blood-letting. In such cases the respiration did certainly become quite free. He also alluded to the benefit accruing from venesection in two cases of puerperal convulsions, before the days of chloroform.

Dr. Wooster gave in his testimony regarding the application of leeches between the shoulder blades,—especially in the case of young children suffering from pneumonia of a grave type. He was in every sense well pleased with the result.

Dr. Sayre was cognizant of a case where leeches were applied between the shoulders, and the child died in consequence. This had made a strong impression on him. Oiled silk jackets, poultices, etc., he regarded as much safer, and more serviceable.

Cases requiring prompt bleeding he regarded as quite rare. He did not wish to be understood as saying they never occurred, since he had himself carried a lancet in his vest pocket for fifteen years, and had used it three times.

The change in our modes of treatment were due, he remarked, not to popular prejudice, but to the increased information of medical men. The starvation and the lancet plan had gone out of date; all were beginning to believe more in good food and good air.

Dr. Woodhull would hesitate to bleed, except in cases of sudden apoplexy.

Dr. Richards, after a few remarks by Dr. Van Buren concerning a change of type in disease, asked whether it might not be a change of opinion, and for the purpose of giving the junior members of the Academy an opportunity of expressing their views, he moved that the discussion be resumed at the first opportunity.

The motion prevailed, and the Academy adjourned.

Stated Meeting, Feb. 5th, 1868. Dr. Alfred C. Post, President, in the Chair. After the usual routine, business was transacted.

Dr. D. B. St. John Boosa read a paper upon *Congenital Deaf Mutism*. A short discussion ensued, when the President declared the continuation of the discussion on blood-letting to be in order.

Blood-letting.

Dr. O'Sullivan made the following remarks on the therapeutic effects of blood-letting.

Mr. President: The discussion on blood-letting, and the information elicited on that subject at a former meeting of the Academy, has been one of the most interesting and instructive to me as one of the Junior Fellows. The earliest lessons which I have learned in the study of medicine, have been intimately connected with the ideas prevailing at the time as regards blood-letting, and which governed the practice some years since.

When I commenced practice, I determined with all the zeal of a young practitioner, to test the merits of blood-letting thoroughly. In the neighborhood where I have resided for the past eleven years, there are several large founderies and machine shops, where hundreds of stalwart men are constantly employed. Here was a wide field for investigation, and so determined was I to give the subject a fair trial, that for several years I never went without a lancet in my pocket. I, however, began to perceive very soon that among this class of patients, who were apparently well able to stand depletion, I had to alter my views materially, and finally to abandon almost entirely the use of the lancet, especially in diseases affecting the respiratory organs. Now, sir, whether this is owing to the fact that

this class of patients reside in ill-ventilated and crowded apartments, or that in their daily avocations they are constantly breathing a vitiated and poisoned atmosphere, or else to climatic reasons, I am not at present prepared to say. The fact however remains, that a certain degree of enervation exists among this class of patients, and that we must be very careful how we deplete them. In acute diseases of children I have never pursued the practice. I can say with a clear conscience, that I have never even applied a single leech, but on the contrary, endeavored to sustain my little patients from the beginning, in every possible way, locally; the oil silk jacket and poultices sufficiently fulfil the indications for depletion.

In this connection I will briefly mention the history of an interesting case which occurred in my practice some eight years ago, and which I think strongly sustains my views on the subject.

In January, 1860, I received a telegram urgently calling me to Baltimore, to see a relative, who was a student at the theological seminary in that city. I left immediately by the Night Express train, arriving at 5, A. M. I at once proceeded to the seminary, and found the patient in a very debilitated condition, in the second stage of pneumonia; and, as I was informed by the nurse, and later by the medical attendant, that he had had no sleep for three days and nights. It was evident to me at a single glance, that if sleep was not speedily procured, delirium must ensue, and with necessarily a fatal result. I was further informed by both the physician and nurse, that at the onset of the disease the patient had been bled very freely (a large basin full of blood being taken from him) and that considerable debility had followed the venesection, and from which he had but imperfectly rallied when I saw him. The state of affairs can be readily imagined, when it is known that the patient was a mere anæmic youth of nineteen years of age; of course, I need hardly say that the antiphlogistic regimen was also pursued. On auscultation, I found he had a very extensive pneumonia, involving both the lower and middle lobes of the lung, there had been applied extensive counter-irritation on the obsolete theory of its furthering resolution, a mode of treatment which the best clinical observers of the day have so fully refuted. In relating particulars, the attending physician expressed his surprise, that notwithstanding he had administered large doses of opium in a concentrated form, no sleep had been procured, and that in his opinion the case was very serious, and an immediate fatal result was highly probable. He asked my views of the case, and what I would suggest in the present emergency. I said I very much regretted the treatment he had pursued in the earlier stages of the disease, that in so young and weak a patient, instead of depletion, sustaining treatment of a decided character should have been pursued from the very beginning, that had such a course been adopted, the solidification would not be so extensive, nor the debility be so extreme. I suggested at once the most heroic sustaining treatment; beef-tea, tonics, stimulants, etc. Being then unacquainted with any of the profession in Baltimore, I telegraphed to a distinguished Fellow of this Academy, who kindly sent me the names of some prominent physicians in Baltimore, with one of whom an immediate consultation was had, and who fully endorsed my views of the treatment of the case; and on the first night on a few grains of Dover's powder the patient enjoyed three hours of most refreshing sleep, resting as placidly as an infant. I, with the nurse, watched him the whole night. Now for the sequel: the pneumonia was cured, but the patient was lost, as he died of phthisis some six months later. The deduction I have drawn is, that the immediate and predisposing cause of the fatal result in this case, is attributable to the excessive depletion on the one hand, and defective nutrition on the other. I would mention further, that the young man inherited no predisposition to the disease of which he died—his relatives on both sides were not tainted with the disease, many of them living to an extreme old age. During the collegiate course of the patient in New York city, he was under my constant supervision, and was never to my knowledge sick for a single day.

No further remarks having been offered, the meeting adjourned.

On the Mechanism of Labor.

Dr. Apiegelberg (*Mon. für Geb.*) contends that the *transverse* position of the head at the brim of the pelvis is more frequent than the oblique. In 700 normal cases observed, he found 570 heads in the transverse diameter; in an oblique diameter only 130 heads. The child's back lies to one side of the mother; the head with its sagittal suture in the longest or transverse diameter of the pelvis. If the transverse diameter of the uterus and of the brim are parallel, the sagittal suture enters transversely; if the transverse diameter of the uterus lies in an oblique diameter of the pelvis, the head will enter the brim in this direction. The uterus, in

addition to its common inclination to one side (Dubois), is sometimes twisted a little on its axis in the direction of its inclination. In whatever direction the head enters the pelvis, in that will it be driven into the cavity; and it will only make its rotation on its vertical axis in the lower half of the pelvis.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request of many Subscribers.)

[Concluded from p. 152.]

Among the singular delusions which have crept into medicine during the present century, and which have served to confound the judgment even of many educated and otherwise enlightened men, it will suffice to enumerate homœopathy. Thomsonianism—better known as "Lobelia and No. 6"—hydropathy, the grape and whey cure, isopathy, electropathy, clairvoyance, Baunscheitismus, negropathy, and other sects too numerous and absurd to be mentioned. The fate of some of these is already sealed, and the downfall of some of the others it is easy to foresee. No system that is not founded upon common sense can long withstand the scrutiny of the public, however greedily it may seize upon any novelty that promises relief from pain and suffering.

The establishment of colleges for the education of female physicians is another feature peculiar to the present age. Whether such institutions are really needed, I leave to others to decide. My own opinion has always been that medicine is not an appropriate sphere for woman, unless she confine her attention solely to the practice of obstetrics, in which she might, doubtless, often be of great service. There must necessarily be a vast amount of ordinary business for which females are wholly unfitted by education and habit, not less than by their natural sense of delicacy and refinement.

Asiatic cholera was not known in this country until 1832. Since that time it has made several visitations, and in some districts literally decimated the population. To the catalogue of maladies, already sufficiently extensive at the period adverted to, have been added Bright's disease, diphtheria, pyæmia, osteo-myelitis, leucocythæmia, pelvic cellulitis, and pelvic hematocele, trichiniasis, uræmia, aphasia, Addison's disease, locomotor ataxy, and cerebro-spinal meningitis, the latter of which is probably simply the "spotted fever," which prevailed so extensively in the early part of the present century in New England, and which has been so graphically described by Gallup, and by Miner and Tully.

Forty years ago there were few American physicians, even in some of the larger towns, who did not, when occasion required, extract teeth, using generally for this purpose the pullikin instead of the forceps now so universally employed. In 1820 the number of practicing dentists in the United States was only 30; in 1850 it had increased to 3000, and at present it is fully 5000. Dental colleges, supplied with all the means and appliances for the delivery of efficient courses of instruction, exist in various parts of the continent, and America may justly claim the proud pre-eminence of having the best educated and most scientific dentists in the world.

Great improvements has been effected in the construction of surgical instruments, apparatus, and appliances. Our pocket and operating cases possess a degree of neatness and compactness unknown in former times, while the delicacy and finish of many of the instruments are in striking contrast with the awkward and clumsy character which distinguished them a third of a century ago. For these important changes the profession is mainly indebted to Messrs. Charrière, of Paris, and Weiss, of London, two manufacturers of unrivalled excellence in their day, whose pupils are to be found in all parts of the civilized world. As beautiful and perfect instruments are now made in Philadelphia, New York, and Boston, as in any of the great cities of Europe.

Medical colleges have multiplied in a ratio altogether disproportionate to the wants and requirements of the country. If the number now in existence were reduced to one-fourth, no one can doubt that it would be a great gain to the interests of the profession and of humanity. Many of these institutions are, from their unfavorable situation, destitute of anatomical and clinical facilities, upon which so much stress is justly placed in a course of medical education. Even the best and most favored schools are far from what they ought to be as great seminaries of medical science. Hardly any change in the curriculum of instruction has occurred in any of them since my entrance into the profession. The number and character of the chairs, the length of

the session, the period of study, and the preliminary education of the student are, in most of the colleges, the same as formerly. The principal improvement has been in the addition of clinical teaching, rendered indispensably necessary by the demands of the age. It will be a proud and happy day for medicine and humanity when the principal medical institutions of the United States, adopting the suggestions offered by the recent medical teachers' convention at Cincinnati shall be placed upon the same footing in regard to the amount and character of their instruction, and the requirements of their pupils. The only difficulty now in the way is the want of concert of action, which, however, will no doubt eventually—probably at no distant day—be brought about.

The improvement in medical literature has kept strict pace with the improvement of medical science. I can speak here only of what has taken place in our own country. Thirty five years ago, American medical literature was not only very meagre, but it could hardly be said to have had an existence. We had not yet answered the sneering remark of Sidney Smith: "In the four quarters of the globe, who reads an American book, or goes to an American play, or looks at an American picture or statue? What does the world yet owe to American physicians and surgeons?" If the celebrated Edinburgh Reviewer—who paid one of our countrymen, Daniel Webster, the high compliment of saying that he was a steam-engine in trousers—could rise from the dead, and walk into our bookstores and into our academies of fine arts, he would, if he could divest himself of prejudice, behold books, pictures, and statues, the production of American genius, many of which would do honor to any country. The works of Rush, Wistar, Dorsey, Coxe, Thacher, Chapman, Beck, Dewees, Gibson, Hare, and Eberle, constituted the chief bulk of our native authors at the period in question. The college text-books were, for the most part, foreign works, many of them edited, with notes and emendations, or notes and additions, as the phrase then went, by American physicians, usually teachers in medical schools; for, unless the editor occupied some distinguished position, no publisher was likely to undertake the reprint, as there was a great risk of failure. In a word, a responsible endorser was necessary. Now and then, a translation of a French or German work by an American appeared. I, myself, performed some labor of this kind early in my professional life, and there are still living among us a number of distinguished men who busied themselves in a similar manner, rendering thus, at a period when it was much needed, an important service to the profession.

The native works which now grace the libraries of our physicians, and which have contributed so much to exalt the character of the medical literature of this country, have been of later growth. Commencing with the "Human Physiology" of Professor Dunglison, a treatise of vast labor and ability, issued in 1830, and worthy, in point of erudition, systematic arrangement, and elegance of diction, to rank with the immortal "Elementa Physiologiæ Corporis Humani" of Haller, published two-thirds of a century earlier, there followed in succession, though by no means rapidly, the works of Silliman the elder, Bigelow, Horner, Hosack, Wood, Paine, Dickson, Pancoast, N. R. Smith, Morton, Meigs, Bell, Gerhard, Draper, Drake, Condie, La Roche, Henry H. Smith, Bedford, Hamilton, Stillé, Hodge, the two Flints, Dalton, Richardson, Bumstead, Leidy, Maxson, Da Costa, Wormly, Warren, with many others which my limits will not permit me even to enumerate. Many of these works are productions of the highest order of excellence. The treatise on the Practice of Medicine, by Dr. Wood, formerly Professor of Medicine in the University of Pennsylvania, has been not only largely circulated at home, but used extensively as a text-book in some of the British schools; the Elements of Medical Jurisprudence of Dr. Beck, repeatedly reprinted in England, as well as translated into the German language, is one of the most erudite and elaborate works that have ever appeared upon the subject; and the medical dictionary of Professor Dunglison is without a rival in any country, as the offspring of a single individual. These works, while they shed imperishable lustre upon the American nation, have made foreigners familiar with our ability as observers, our acuteness as diagnosticians, and our skill as practitioners, and have procured for us a distinguished rank as scientific and literary men. Foreign medical works, although many are still republished, as, indeed, they ought to be, have almost ceased to appear with that curious caudal appendage, the name of an American editor; and comparatively few of them are now employed as text-books in our medical colleges.

Our periodical literature is not only highly respectable, but it compares most favorably with that of Europe; less solid than that of Great Britain, but quite equal, in the aggregate, to that of France, Belgium, Germany, and Italy. The stately quarterly, the "American Journal of

the Medical Sciences," edited by Dr. Hays, of this city, is unquestionably the ablest work of the kind in the world. As critics, we are inferior to the English, if not also to the writers of continental Europe, but the time is not distant when we shall redeem ourselves in this respect; for what, it may be asked, is there that the American mind cannot accomplish if it sets about it?

I have, thus far, in accordance with the design of this discourse, spoken of matters and things in general—of the glorious progress and present condition of our profession as an art and a science; let me now, in conclusion, offer a few words personal to youselves.

It would be absurd in me to ask, what has brought you here? The place in which we are assembled is a sufficient answer. The object is to prosecute your studies under new auspices; to avail yourselves of new means and opportunities for extending and perfecting the knowledge you have brought with you. Many of you never were in a medical college before, never performed a dissection, never witnessed a chemical experiment, never saw a great surgical operation, never even listened to a medical lecture. You suddenly enter, as it were, upon a new life. Hitherto your studies were carried on under serious difficulties. The office of a private physician, with here and there an exception, offers few facilities for the acquisition of a knowledge of a science so vast and so diversified in its character as that of medicine. In a well-conducted course of lectures, more may be learned in a single month than in three years, as ordinarily spent, in private reading; for there are a thousand things in anatomy, chemistry, materia medica, surgery, midwifery, and medicine, which can be taught only by an appeal to demonstration, such as no private teacher can supply. In the new life into which you now pass, the professor reads and thinks for you; your business is to listen, to see, to receive, to digest; in a word, to be crammed with knowledge.

To morrow, bright and early, you will buckle on your armor of industry; throw your knapsack across your shoulders, and begin your work right earnestly, like men detrmined to surmount obstacles, clear away rubbish, and fulfil their great mission, as honest, diligent students. The road will, at first, be somewhat difficult; there will be frequent need of the spade and the pickaxe; but your progress will gradually become more and more easy, and thus, step by step, with patience and perseverance, you will steadily mount up higher and higher along the steep hill of Science, until, at length standing upon its lofty summit, you may calmly and leisurely survey the majestic scenery around and beneath you, and take a longer breath in the consciousness of having done your duty. We too—I mean your teachers—men who, like yourselves, once sat upon hard, backless benches, in quest of knowledge—we too will be students; we will accompany you in all your journeyings; point out, with lamp in hand, your way; assist in removing obstacles; encourage you by our presence; and thus, workers and laborers together, share your toils and pleasures.

The studies of the medical pupil are of a most singularly diversified character, far more so than those of any other profession; and hence, unless they are systematically pursued, his progress, despite the best endeavors of his teachers, will be painfully slow and difficult. You must, therefore, spare no effort to make a fair beginning. With this end in view, I would earnestly advise you, before you come here in the morning, to clear out the bins of your brains. If you will carefully examine this organ, you will find that it is composed of many compartments, with a wonderful faculty of accommodation. These compartments, I shall, for the sake of illustration, denominate bins, of which one should be exclusively devoted to anatomy and physiology; another to chemistry and materia medica; a third to midwifery; a fourth to medicine; one to surgery; and, lastly, another to miscellaneous matters, picked up here and there in your walks to and from the College, and in your intercourse with your friends and acquaintances. Unless your studies are conducted upon some such plan as this, in the most orderly and systematic manner, you will have the mortification to find, at the close of the session, that you have made no substantial progress, and that, what little knowledge you have attained, is practically of no avail. Keep your bins, then, clean and separate, not mixing and jumbling up their contents, so that, when you wish to get at them, you will be obliged to toil and dig anew.

Although it will be the duty of each of my colleagues to inform you of the best method of studying his own particular department, yet I cannot refrain from referring, in general terms, to the subjects which should more especially engage your attention during the first session of your attendance.

Anatomy is justly regarded as the corner-stone of the grand edifice of medicine. To it, therefore, you should devote much close study—not learning from books, but from nature—tracing

out, with scalpel in hand, every important structure, and thus thoroughly photographing it upon the mind, so that, to use an Irish bull, with your eyes shut, you may see it as clearly as if it were reflected from the surface of a broad mirror. In carrying on your dissections, you will often be ready to exclaim with Galen, pausing in the midst of an autopsy, "It is not a lecture on anatomy I am delivering, it is a hymn in honor of the Creator!"

Chemistry, one of the elementary branches, can only, as your able professor himself will inform you, be learned in the laboratory, just as anatomy can only be learned in the dissecting-room or operative surgery upon the cadaver; but you will, nevertheless, find a great deal of nice picking in a well conducted course of lectures, such as you will be sure to obtain in this school. You will be daily reminded, in the presence of my excellent colleague, of the story of the Englishman, who, looking with surprise and disgust at a Scotchman eating a singed sheep's head, was asked what he thought of that dish? "Dish, sir; do yo call that a dish?" "Dish, or no dish," rejoined the Caledonian, "there is a deal o' fine confused feedin' aboot it, let me tell you." While chemistry is the most abstruse and difficult of studies, it is at the same time the most sublime and captivating, one which is better calculated to establish a closer relation between man and his Creator, than perhaps any other, inasmuch as it associates him more intimately with the various works of His hands. To give you an idea of the importance of a knowledge of this science in the practice of medicine, it is only necessary to point to the examination of the animal fluids, as the blood, urine, and semen; the analysis of poisons, in cases of suspected crime; and the avoidance of incompatibles in the daily prescriptions of the physician.

In studying materia medica, you will learn how greatly our science is indebted to the vegetable and mineral kingdoms for the supply of our remedial agents. Flora, which ravishes the senses with the beauty and variety of her products, and scents the air with the fragrance of her blossoms, furnishes man with the bark for the cure of fever, opium for the relief of pain, aconite and veratrum viride for the subduction of arterial excitement, and the juice of the grape for the support of the system when exhausted by disease and injury. The earth supplies him with alkalies and acids; the sea with chlorine, iodine, and bromine; the air with oxygen and electricity.

Under the guidance of your able teacher, you will learn what estimate to place upon the more important articles of the materia medica, how to combine and prescribe medicines to the greatest advantage, and how to prepare food and drink for the sick. You will find, as you proceed in your studies, what a vast amount of farrago underlies this department of medical science, and how much need there is of winnowing the wheat from the chaff.

Of the fifteen hundred articles to be found in what are called well-regulated drug stores in this city, hardly three hundred, as I was recently informed by a highly intelligent apothecary, are ever employed. The rest lie idle in their bottles and drawers. From thirty-five to fifty is probably the highest number prescribed from one year's end to the other, by physicians of the largest practice.

Midwifery holds out every incentive that can rouse the energies, or excite the ambition of the student. Woman, the noblest work of God, and her tender offspring, are the objects with which this department of medical science busies itself. Your professor will conduct you over a course of study of the most delightful and absorbing interest. He will unfold to you the secrets of conception, describe the sufferings incident to the pregnant state, and initiate you into the mysteries of the lying-in-chamber, pointing out the various presentations, the mechanism of labor, the use and abuse of instruments, and the proper method of carrying his sacred charge safely through her trials and difficulties. In studying this vast subject, so replete in objects of the dearest interest to the human race and the welfare of society, you will not be troubled with any doctrines of a change of type. The process of conception and the nature of parturition are the same they were forty years ago. Here, at all events, there has been no improvement. Good Old Dame Nature permits no encroachments upon her prerogatives.

Medicine and surgery are so closely allied, so intimately interwoven, that they constantly trench the one upon the other. They are, in fact, one and indivisible, recognizing the same pathology, the same treatment. You may be good physicians without being good surgeons; but you cannot be good surgeons unless you are good physicians. The teachers who preside over these two departments will spare no pains to qualify you for the arduous and responsible duties of practitioners, the great aim and object of all your studies and inquiries. Clinical instruction will constitute a special object of attention. Every opportunity will be seized to illus-

trate the principles enunciated in the didactic course. The subject of diagnosis will claim more than ordinary consideration. The object will be to teach you how to observe at the bedside, how to investigate cases, how to connect symptoms with pathological changes, how to form a correct prognosis, and, finally, how to prescribe with judgment and advantage for the sick. The clinics of this Institution have long been distinguished for the great extent and variety of their material, and you cannot fail, if you be at all attentive, to be greatly benefited by them.

I have said nothing here of the study of physiology, hygiene, and medical jurisprudence. Your acquaintance with anatomy, chemistry, and the practice of medicine, will furnish you a ready key to these interesting and seductive branches of medical science.

Thus, gentlemen, you see what is before you. Work steadily, arduously, systematically, but work also rationally, as it respects your health and comfort. We hear much of the midnight lamp. Upon this point you need not be particularly ambitious. As a general rule, the midnight lamp is a very bad lamp, emitting a lurid light and foul vapors, prejudicial to sight and health; not at all promotive of advancement in knowledge and wisdom. Sleep is essential to health and comfort, and I perfectly agree with Sancho Panza that it was a blessed invention. The Sabbath, too, was a great invention; a great blessing alike to man and animal. Thank God for it, and see that you spend it wisely; partly at church, partly in wood and field, in wholesome exercise, and in the contemplation of Nature, partly in writing to the dear ones at home. Be strong in your resolve to withstand temptation. Do not disregard the admonitions of parental affection and friendship. The last words of a fond and doting mother, whispered into your ears, as she sobbingly pressed your hand, and imprinted her last kiss, were, "My son, shun the ways of the evil-doer, and neglect not the church and your Bible!" Cities are sink-holes of iniquity; vice and temptation meet one everywhere, often in their most alluring forms, alike in the retired alley and in the most crowded thoroughfare; and happy, thrice happy, is he who can successfully resist their blandishments. You need not be anchorites; youth is the season of hilarity and gayety; a certain amount of relaxation and amusement is indispensable to a student. "All work and no play make Jack a dull boy." A mind that is constantly exercised is like a tool that is never ground, or a bow that is incessantly bent. It is blunted by labor, and, if it be not occasionally unstrung, becomes unfit for the discharge of its multifarious functions. A sound, hearty, wholesome laugh is medicine for the soul, and is one of the peculiar prerogatives of our nature. A student who never rests, is like a camel that lies down at night under his weary burden.

Use of Chloride of Zinc in Surgical Operations.

Dr. Nerdurgau, of Middlesex Hospital, advises an application of a solution of this salt to wounds, especially where pyæmia, etc., is found; under the supposition that it can modify the inflammatory process to such an extent as to prevent those affections arising from the decomposition of animal matter.

In the *Leavenworth, Kansas Med. Herald*, Sept, 1867, Dr. Will E. Turner, of Leavenworth City, reports a case where he was obliged to amputate at the superior third of the femur, and, fearing erysipelas would occur, he applied to the surface of the wound a solution of chloride of zinc, grs. xxiv. dissolved in an ounce of water. The part to which it was used, became at once white or creamy-looking, from the effects of the astringent. The surfaces of the wound were brought together, sustained by appropriate sutures, and water dressings applied. Everything progressed favorably until the twelfth day, when secondary hemorrhage took place from a branch of the profunda artery. So insidious was its commencement, that it bled sufficiently to run through three woolen blankets, a straw mattress, and made quite a pool on the floor, before it was discovered. A tourniquet was tightened, and temporarily arrested the bleeding until an application of ferri persulph. completed it.

From the commencement of the case, Dr. Turner had anticipated a long and severe drain upon the system from suppuration, and gave him quin. sulph., ℈ij., tinct. ferri chlo., f.℥vj., spts. vini gallici, f.℥iv., a teaspoonful to be given every three hours during the day.

In thirty-five days after the operation, the wound had entirely united, and through the whole process of healing, but a slight amount of inflammation has occurred, and less than an ordinary amount of suppuration, while he has had but comparatively little pain, lessened, the writer thinks, from the small amount of inflammation, and the fact of the escharotic effect being felt no further than the mere point of contact.

—— Chloroform in Otalgia. Dr. C. C. Shoyer, of Leavenworth, Kansas, relieves earache almost immediately by introducing about half a drachm of chloroform into the meatus externus.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 22, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE CRIMINAL USE OF CHLOROFORM.

We clip the following extract from the police column of a Philadelphia daily paper. Others of the same character have appeared from time to time, ever since the general introduction of chloroform as an anæsthetic.

"Archibald Henselwood had a hearing before Alderman White, recently, on the charge of administering drugs to Mrs. Martha Burke, of Old Chester, with criminal intent. Mrs. Burke testified that she met the accused at the depot, Broad street and Washington avenue, one night in December last, as she was about to take the cars for home, and that she was overcome and rendered unconscious immediately upon a handkerchief being shook several times in her face; that she was afterwards removed to a house in South Tenth street, where she remained during the night, and saw Mr. Henselwood there in the morning. The accused was bound over in $3000 for his appearance at the next term of the court."

The case, we believe, has not yet been brought up before the Court of Quarter Sessions, and we feel curious to know what sort of testimony the prosecution will advance to show that any such act as that alleged, could possibly have occurred. We frankly confess to very grave doubts whether shaking a handkerchief once or several times in the face of any virtuous lady, would have such a potent effect on her nervous system that she would straightway fall insensible, submit to being carried half a dozen squares in the face of a December north wind—from the Baltimore depot to Tenth Street—and remain all night in a house of uncertain reputation, apparently still in a state of profound anæsthesia!! If such things can be, then the Lord protect our wives and daughters, for there would seem no longer any safety for the most rigid virtue.

Not long since we read a parallel story in an English newspaper. A lady and a gentleman, strangers to each other, were alone in a coupé on a railroad train. The gentleman, deep in *Punch* or *The Owl*, or some such journal, was urbane enough to offer his travelling companion some other illustrated paper to look over. The unsuspecting victim appreciated the courtesy and accepted the journal. But the moment she opened it, the fumes of the chloroform, in which its inner leaves had been steeped, overpowered her consciousness, and she awoke to discover that both her pocket and her crinoline had been invaded. Such at least was the story she had to lay before twelve enlightened and sympathizing British jurymen. What amount of damages they saw fit to award the injured female, we do not remember, but that such a charge should seriously be preferred, and pass the daily press without challenge, shows how thoroughly ignorant of common facts in medicine the reading and the writing public is.

Now we have seen chloroform administered in at least a thousand or so cases to both sexes, and we do not recall any single instance where such instantaneous effect was produced by such small quantities as must have been inhaled in the cases above cited. We confess a very pardonable scepticism about such statements. On the contrary, every anæsthetic known conquers the nervous system gradually, and in the majority of cases only after a period of more or less violent excitement; their administration demands time, and is facilitated by a willingness on the part of the patient to receive them; the vapor must not be much diluted with atmospheric air; their effect is temporary, and very rarely does unconsciousness continue longer than the fraction of an hour. How then are one or two shakes of a handherchief, the infinitesmal quantity arising from a saturated leaf, or the vapor emitted from a vial passed under the nose, to produce such sudden and wondrous effects? *Credat Judæus Apella, non ego.*

We know nothing whatever of the parties implicated in the case we have chosen for a text, nor any other particulars than those given in the extract. But we seize the opportunity to speak a word in behalf of those who are the victims of conspiracies, and especially of conspiracies led by designing women, who prefer charges of robbery or violation, asserting that they were overcome while under the influence of chloroform. This is a point of growing importance in forensic medicine, as the criminal dockets of all our great cities

testify. We entertain an opinion very adverse to the veracity of any such statement, and we believe that the profession will unanimously agree with us in so doing. The cases where complete anæsthesia supervenes in a few seconds are so rare, that we do not believe that any rogue, with wit enough to concoct such a crime, would dare to risk the almost certain failure and consequent apprehension which would ensue. That under more favorable circumstances, as in nocturnal burglaries, and in criminal assaults of various kinds during sleep, the stupefying power of anæsthetics is and often has been invoked with diabolical success, we very well know, and it is one of the "horrors" of modern life that such is the case.

What we refer to, however, are those instances where it is claimed that while awake, in good health, and in spite of opposition, a few second's inhalation of the anæsthetic vapor placed the victims at the mercy of the accused. All such are of more than questionable authenticity.

Notes and Comments.

Micro-Photography.—Prize Offered.

A correspondent, who is entirely responsible, authorizes us to offer a Prize of

FIVE HUNDRED DOLLARS,

for such improvement in Micro-Photography, as is indicated by the following description. We would call the attention of our readers to the subject, and trust that it will meet with the attention that its importance would seem to demand.

"To advance science, facilitate research, further our knowledge of diseases, at the meeting of the American Medical Association in 1869, through the award of a committee, I will tender *a Prize of Five Hundred Dollars* for an improvement on the micro-spectroscope. I am anxious to have invented and perfected *a micro-photographic apparatus*, for scientific purposes. A compound microscope, with an attachment so arranged that it will afford the investigator *a complete photographic representation*, or spectrum, of all microscopical bodies placed within the field of vision. Such an instrument would be an achievement in science; we could read direct from the type true pathology—it would be obvious to all. It would reveal many of the mysteries of nature in morbid agency. It would aid us in ætiology and histology. It would afford advantages in the study of organic and inorganic chemistry. We could observe the changes produced by a diathesis,—determine the faults in rheumatism and gout,—unveil the derangement in the various cachexiæ,—portray comprehensively anæmia, spanæmia, chloroanæmia,—plethora,—cutaneous diseases, especially those of a parisitic origin. It would instruct us minutely in abnormal renal conditions, secretory disturbance generally, and be a means to demonstrate understandingly, from time to time, the changes that occur in the course of treatment in blood diseases by entrophic remedies. We could also mark the developments and progress of pyogenic, septic, and zymotic diseases. I want an instrument simplified, with power sufficient to print animality, from the larger animalculæ down to the minute microphite. The *micro-photographs* thus taken, could be readily magnified, if desired. The premium should be open to all competitors, at home or abroad.

"Without invidiousness, I respectfully nominate Professors JOSEPH LEIDY, University of Pennsylvania; CHRISTOPHER JOHNSTON, University of Maryland, and AUSTIN FLINT, Jr., Bellevue Hospital Medical College, N. Y., as the Committee to determine the award to the inventor of the best instrument."

Muscle Sugar.

In Aug. 1861, G. MEISSIER announced his discovery of a true sugar in muscle. Dr. J. RAUKE has reinvestigated the subject and fully confirms MEISSIER's supposition. The following propositions are considered as established: First. That there exists a true fermentable sugar in muscle. Second. That the amount of this sugar is increased by muscular action, including tetanization caused by strychnia or electricity. Third. That the liver has no effect in causing this increase; for the sugar is proved to arise in the muscle itself, and from the muscular substance.

Cubebic Acid.

The curative power of cubeba has been found to reside in cubebic acid, a crystillizable constituent, and not in the volatile oil or resins. From eight to thirty grains of this in pill, in twenty-four hours, completely cured three out of five patients in six days. In the remaining two the discharge was very much diminished, so that a few injections removed it.

ERRATA.—In Dr. W. CORSON's article in the REPORTER of Jan. 11, on "The Bandage in Labor," page 39, 3d line from end of first paragraph, for "I will *not hurt*," read, "I will trust;" same page, 2d column, 7th line from bottom, for "*tumble* and fall," read, "crumble and fall;" 3d line from bottom, for "*type*," read, "tyro." Page 40, last line of the article, for "*bleed*," read, "bead."

Correspondence.

FOREIGN.

Letter from Paris.

Paris, Jan. 8th, 1868.

Anæsthetic Action of Iodoform.

In a recent letter, I have cited the encouraging experiments that have been made by M. Demarquay, on the anæsthetic action of iodoform. The last number of the *Bulletin de Therapeutique* contains a letter from Dr. Besnier, who contributes his testimony also to the grateful powers of this agent. He employed finely pulverized iodoform upon the surface of fresh wounds cicatrizing slowly, upon syphilitic ulcerations, especially the soft chancre, and upon the open surface of cancers. The first application was made upon a soft chancre of the gland, and upon chancres produced artificially on the thigh by inoculation. The sharp pain of these ulcers was manifestly calmed by the iodoform, and cicatrization set in with remarkable rapidity. Shortly afterward, a patient, whose breast was occupied by a vast cancerous ulcer, was treated by daily applications of the powder, and even here a process of cicatrization commenced, but the patient was subsequently lost sight of. Still a third case—this, as in the first, a soft chancre of the gland—in which cicatrization seemed obstinately delayed, was cured by application of the iodoform.

M. Besnier does not venture to draw absolute conclusions from so small a number of facts, but he believes that iodoform should certainly always be tried in the various affections of mucous membranes, especially the nasal, pharyngeal, and vaginal; in cancerous ulcerations of the uterus and other regions, and in varicose and typhoid ulcerations of the skin.

The precise mode of application is the following. The iodoform, reduced to a very fine powder, is placed on the surface of the wound, (previously well washed,) either with the fingers or with a spatula. A piece of linen dipped in glycerine is then placed over the powder so as to retain it in place. For ulcerations of the uterine neck, the application must be made by insufflation, and the powder retained by means of dry lint. Insufflation is also required for ulcers of the throat or nasal fossæ, but the dose must then, of course, be smaller, and it is well to associate some other powder, as bismuth.

Speaking of varicose ulcers reminds me of a case mentioned at the last séance of the Societé Médicale des Hôpitaux, in which the infirmity of varicose veins had been relieved in rather a singular manner. The patient, affected with hard, flexuous, voluminous varices on both legs, was admitted to the Maternity to be confined. Shortly after accouchement, grave accidents declared themselves—chills, fever, diarrhœa, prostration, and yellowish tint of the skin. The lower limbs became œdematous, and the veins extremely painful. At the same time a phlegmonous and œdematous tumefaction appeared on the dorsal face of the right hand. Soon two large abscesses opened on the internal face of the left thigh; others followed, on the right leg, the right hand, the left shoulder, in the supra-spinous fossa; finally, fifteen days after accouchement, a slight pelvic peritonitis declared itself, which speedily yielded to treatment. In proportion as the abscesses were successively opened, (twenty-two appeared at the internal face of the lower limbs in the space of a few weeks,) the œdema of the legs diminished, and when it had entirely disappeared, it was found that the varices had disappeared also. The cure remained definitive.

M. Hervieux, who reports this case, places the cause of the suppurative and obliterating phlebitis in the puerperal poisoning, which concentrated itself on the veins, instead of going elsewhere to produce a peritonitis or pleurisy. It is certain that this time, this poisoning effected the radical cure of the varicosities, an achievement that often surpasses the powers of all the resources of surgical aid.

Again, apropos of iodoform as a local anæsthetic, I must mention the successful application of ice and salt, made by M. Gosselin the other day in his clinique, for the same purpose. He was about to extirpate an incarnate nail from the great toe, a sufficiently painful operation, but hardly justifying chloroform. Thanks to Dr. Arnott, the operation was rendered almost completely painless by the previous application to the toe, during a few minutes, of a tarletan bag filled with a fine mixture of salt and ice. The benumbing was sufficient to deaden nearly all feeling.

French surgeons hail with delight any substitute for the dreaded chloroform, whose sinister aspect seems especially to be assumed in their hospitals. Or perhaps it is because all accidents are more faithfully reported and loudly commented upon than elsewhere. Two deaths have recently occurred, one in the service of M. Després at Leaurcine, the other with M. Broca at St. Antoine.

In the first case, the operation only consisted in excision of syphilitic vegetations of the vulva and vagina. The chloroform was given to satisfy the patient, who was extremely timid. The first operation performed under its influence was a complete success, but a month later, the vegetations returned, and required new excision, and chloroform was administered for the second time. A quantity was poured upon a compress, enough to make a blot of the size of a five-franc piece, and then the compress was held at the distance of three centimetres from the nose and mouth of the patient. Hardly half a minute had elapsed, when the forces of the patient began to sink. The chloroform was immediately suspended, although the pulse beat well and the respiration was good. Suddenly the face became congested, the respiration stopped, and the urine escaped involuntarily. Water was thrown into the face of the patient, the head was lowered, the tongue was drawn down. One respiration was obtained, then everything was arrested, and all subsequent efforts were futile.

At the autopsy the anatomical characters of asphyxia were presented. The patient had been nearly leucocythemic, and the heart was fatty, so that there was reason enough why neither heart nor blood were able to resist the deadening influence of chloroform.

In M. Broca's case, the operation was much more serious, involving the extirpation of a sebaceous cyst, the size of an egg, adhering to the thyroid membrane. The surgeon was able, in spite of some agitation on the part of the patient, to dissect without much difficulty the anterior and lateral face of the tumor, but at the moment that he proceeded to the deep dissection, the patient began to struggle so violently as to render the continuation of the operation impossible during several minutes. When he was somewhat calm, M. Broca recommenced, but at the first stroke of the bistoury, the patient commenced to struggle again. The operation was so nearly completed that no more chloroform was given, but with a dexterous movement the surgeon finished the dissection of the tumor.

Immediately an enormous vein, situated at the lower part of the wound, gave issue to an alarming amount of blood, and just as the surgeon was ready to seize it for ligature, the patient, still in the intoxicated stage of the chloroform anæsthesia, sprang from the table. The efforts that he made in struggling with the attendants, increased the hemorrhage, which threatened to become mortal. It was impossible to await the establishment of calm. A few whiffs of chloroform were ordered, under whose influence the patient became sufficiently quiet to permit the ligature of the vessel. Several minutes after all inhalation of chloroform had ceased, the pulse of the patient suddenly stopped, the respiration was presently arrested, and after three-quarters of an hour of unavailing efforts at resuscitation, the surgeons were obliged to acknowledge with mortification that the patient had succumbed to the influence of the anæsthetic.

The examination of the heart showed a notable thickening of the mitral valve, which, however, was not insufficient. But it was ascertained that the patient had been liable to frequent attacks of syncope, and also had alcoholic habits, which probably accounted for his excessive agitation when first submitted to the chloroform.

This same week, however, Dr., now Professor Verneuil, praises the effects of chloroform in moderating hemorrhage during operations. In the numerous cases where the surgeon is obliged to operate on the tongue, the maxilla bones, the cheeks, the lips, or in the nasal fossæ, the hemorrhage, as every one knows, is extremely abundant and embarrassing; the blood fills the mouth, and falls into the pharynx, or even the larynx. It provokes coughing or attempts at vomiting, which sometimes interrupt the operation. Moreover, it may accumulate in the stomach, and constitute a mass whose absorption is extremely fatiguing to the digestive apparatus.

As I have said, Prof. Verneuil finds that the use of chloroform tends to diminish the flow of blood and its consequences, but not sufficiently. He has devised, therefore, the expedient of blocking up, in advance, the posterior nasal fossæ, by a tampon, which prevents the escape of blood into the pharynx. He has recourse to this expedent: 1st, in operations that only interest the nasal fossæ; 2d, in those involving the walls of the mouth; 3d, in mutilations of both cavities.

An analysis is given of eleven operations assisted by the tamponment, of which the five detailed were all extirpations of tumors, involving, in one case the ala nasi, in one the pituitary glands occupying the upper and anterior portions of the left nasal fossa, in one an epithelioma of the lower eyelid that had invaded the cheek, the lateral surface of the nose, the conjunctiva, the upper eyelid, and penetrated into the orbit, the nasal fossa and the maxillary sinus; one, finally, a cancer of the upper maxilla, penetrating into the orbit, the nasal fossa, and the gingival *cul de sac*.

In all these formidable operations the tampon was of service by suppressing the internal flow

of blood and the reflex action resulting from it, by enabling the surgeon to act slowly and securely, and by rendering anæsthesia possible throughout the entire period of the operation.

M. Verneuil recommends that the tampon should always be applied, when possible, previous to the administration of chloroform.

As another contribution to practical surgery, must be mentioned a scheme detailed in the *Archives of Medicine*, upon continual traction by means of caoutchouc bands. This method has already been applied to the treatment of anchylosis, but MM. Legros and Anger propose an extension of the method for the purpose of overcoming the shortening of limbs in fractures, and rectifying the displacement of dislocated articular surfaces.

This last indication is based on the facts, 1st, that the difficulty of reduction depends upon muscular contraction; 2d, that this contractility is by nature intermittent, and consequently may be exhausted by permanent resistance. From this point of view, the effects of continual traction may be compared to those of chloroform. This last agent relaxes the muscle by suppressing the influx of nervous force, the other by exhausting its contractility.

The tension of the caoutchouc tubes required to effect this object, should, for an adult, be equivalent to a weight of fifteen kilogrammes. The mode of application is simple. The extension and counter-extension bands are disposed as usual around the dislocated limb, and attached to five or six tubes of caoutchouc. These tubes are then gradually distended until they have acquired about twice their original length, and the distension once obtained, is maintained by fixing the tubes solidly to a ring in a wall.

The apparatus thus applied, should remain in place twenty or thirty minutes. As soon as the patient confesses to a sensation of lassitude or exhaustion in the muscles of the extended limb, the surgeon seizes the opportunity and performs the reduction without difficulty. It not unfrequently happens, however, that the reduction occurs spontaneously.

The traction is not confined to the muscles. If a suitable direction is given to the extension, the ligaments and capsule also tend to regain their normal position.

For fractured limbs, the caoutchouc traction is proposed as a substitute for the extension with a weight, which is usually adopted as a preventive against shortening. Not only recent, but also fractures of some standing, are said to be amenable to this treatment.

In fractures, the traction must be much less violent than in dislocations. It is required to combat not the contractility, but the contraction and tenacity of muscles, and one or two drainage tubes are found to be sufficient for the purpose.

The duration of the treatment should be proportioned to the consolidation of the fragments. It should be sustained so long as there is sufficient mobility to permit the muscles to displace the bones.

Finally, this method is applicable to the treatment of anchylosis and of muscular contractions. For the first, it is sufficient to produce traction in the direction in which it is desirable to flex the limb. This should be wrapped in cotton; then, by means of dextrined bands, a long splint is attached, (in case of anchylosis of the knee) to the anterior part of the thigh. The splint extends beyond the joint, and forms an angle with the joint in proportion to the degree of flexion required; elastic tubes are then fastened to the extremity of the splint, and pass under the leg, protected by cotton. In torticollis the tubes are attached to a cap covering the head.

DOMESTIC.

Surgeons on Railways.

Editors Medical and Surgical Reporter:

In answer to your inquiry in regard to "Surgeons on Railroads," I will take the liberty of stating, that the "Atlantic and Great Western Railroad," is not the only railroad that has its regular appointed surgeons; I have acted as surgeon (and receive my appointment the first day of each year) for the Philadelphia and Erie Railroad for the last four years. I attend to all employees that are injured on said railroad, and in the workshops in this city, and on the road for twenty miles distance from this place, and the company pays me so much for said services. If I go further than the 20 miles, I receive extra pay, it costing the employee nothing for medical attendance. The company have several surgeons between this and Sunbury. At each station and shop, this is understood, and orders are given, that whenever an employee is injured, they must send for the company's surgeon, and unless this is done, the company will not pay the bill, unless in a case of emergency, or when the railroad physician could not be got. This arrangement only relates to injuries.

I think the arrangement on the Atlantic and Great Western is a little different, and I think better in some respects. They have their sur-

geon-in-chief, and he appoints his subordinates. All bills are referred to him. I think their chief surgeon for this portion of the road is in Meadville, his name I cannot give you at present—will ascertain some day. There is no doubt many advantages in this railway arrangement not only to the companies, but to the employees, and will probably be put in operation on all of the principle railroads soon.

H. A. Spencer, M. D.

Erie, Pa., Feb. 11, 1868.

News and Miscellany.

CHANGES IN THE NAVY.

List of changes in the Medical Corps of the U. S. Navy, for the week ending Feb. 15, 1868:

Drs. George Otis Allen, and Wm. B. Jones, appointed Assistant Surgeons.

Acting Passed Assistant Surgeon J. J. Sowerby, detached from the U. S. Ship Wyoming, and placed on waiting orders.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Rabb—Haigh.—In Madison, Ind., Feb. 3, by Rev. A. S. Reid, at the residence of the bride's father, George J. Rabb, M. D., of Osgood, Ind., and Miss Lizzie Haigh.

Wiles—Johnson.—Jan. 14th, at the residence of the bride's father, James F. Johnson, Esq., by Elder Hickman New, C. H. Wiles, M. D., and Miss Allie Johnson, both of Vernon, Jennings co., Ind.

DIED.

Beck.—Feb. 16, at No. 40 Bond street, New York, Maria, the beloved wife of Dr. Samuel T. E. Beck.

Ellis.—Feb 9, at Burlington, N. J., Elizabeth L., wife of Dr. Charles Ellis.

Esselstyn.—At Red Hook, Dutchess co., N. Y., Feb. 12, Richard Esselstyn, M. D., aged 73 years.

ANSWERS TO CORRESPONDENTS.

Dr. W. O., of O.—We can send you the Pennsylvania Hospital Reports. Price $5.00.

Dr. R. D. W., of Pa.—Pereira on Food and Diet, $1.50, would probably suit you.

METEOROLOGY.

February.	3,	4,	5,	6,	7,	8,	9.
Wind	N.	S. W.	N. E.	N. W.	N. W.	W.	S. W.
Weather	Clear.	Clear.	Snow 6 in.	Clear.	Clear.	Clear.	Cl'dy. Rain.
Depth Rain			6-10				1 3 10
Thermometer.							
Minimum	2°	*3°	8°	11°	8°	*4°	15°
At 8, A. M.	10	7	19	32	18	4	15
At 12, M.	12	23	28	42	23	19	36
At 3, P. M.	14	29	28	36	25	20	38
Mean	9.50	15.25	20.75	30.25	18.50	9.75	26.
Barometer.							
At 12, M.	30.7	30.5	30.2	30.7	30.3	30.6	30.

Germantown, Pa. B. J. Leedom.

* Below zero.